



C A L I F O R N I A D E P A R T M E N T O F
Mental Health

Audits Branch – Bay & Central Region
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August 25, 2009

Wayne W. Clark, Ph.D., Director
Monterey County Mental Health
1270 Natividad Road, Room 200
Salinas, CA 93906-3198

Dear Dr. Clark:

AUDIT REPORT – MONTEREY COUNTY MENTAL HEALTH SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Monterey County Mental Health Services for the fiscal period July 1, 2004 to June 30, 2005. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

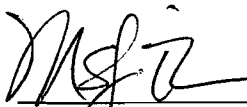
The effect of this revised allowable program costs is as follows:

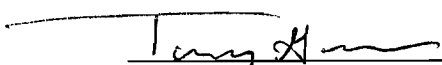
	<u>Net Program Costs</u>		
	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$12,714,671	\$12,291,486	\$ (423,185)
Federal Share of Healthy Families	\$ 0	\$ 230,833	\$ 230,833
State General Funds EPSDT Due State	\$ 4,162,091	\$ 4,042,568	\$(119,523)

Wayne W. Clark, Ph.D., Director
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If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,


for WALTER J. HILL, JR., MBA, EA
Chief of Audits


TONY GAAN, Supervisor
Audits Branch – Bay & Central Region

Enclosures

CERTIFIED MAIL

SCHEDULE 1

**MONTEREY COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2005**

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
<u>NET REIMBURSABLE MEDI-CAL</u>				
<u>PROGRAM COSTS</u>				
<u>COUNTY PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 2a)	\$ 8,183,587	\$ (357,585)	\$ 7,826,002
HEALTHY FAMILIES - FFP	(Sch. 2a)	0	197,515	197,515
TOTAL FFP - COUNTY PROVIDERS		<u>\$ 8,183,587</u>	<u>\$ (160,070)</u>	<u>\$ 8,023,517</u>
<u>CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 3b)	\$ 4,531,084	\$ (65,600)	\$ 4,465,484
HEALTHY FAMILIES - FFP	(Sch. 3b)	0	33,318	33,318
TOTAL FFP - CONTRACT PROVIDERS		<u>\$ 4,531,084</u>	<u>\$ (32,282)</u>	<u>\$ 4,498,802</u>
<u>TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 12,714,671	\$ (423,185)	\$ 12,291,486
HEALTHY FAMILIES - FFP		0	230,833	230,833
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS		<u>\$ 12,714,671</u>	<u>\$ (192,351)</u>	<u>\$ 12,522,320</u>
<u>SUMMARY OF STATE GENERAL FUNDS</u>				
EPSDT - SGF	(Sch 4)	<u>4,162,091</u>	<u>(119,523)</u>	<u>\$ 4,042,568</u>

Note: The As Settled amount includes a refund of \$352 to the State subsequent to the initial EPSDT settlement. (Refer to Adjustment 104)

SCHEDULE 2

**MONTEREY COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2005**

COUNTY OPERATED FEDERAL

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
<u>Total Medi-Cal Gross Reimbursement</u>				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	12,849,689	(469,629)	12,380,060
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	0	63,616	63,616
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	0	271,586	271,586
9. Total		<u>\$ 12,849,689</u>	<u>\$ (134,427)</u>	<u>\$ 12,715,262</u>

Less: Patient & Other Payer Revenues

10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	34,076	0	34,076
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 34,076</u>	<u>\$ 0</u>	<u>\$ 34,076</u>

Medi-Cal Net Reimbursement for Direct Services

19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	12,815,613	(406,013)	12,409,600
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	0	271,586	271,586
25. Total		<u>\$ 12,815,613</u>	<u>\$ (134,427)</u>	<u>\$ 12,681,186</u>

Medi-Cal MAA Reimbursement

26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 0	\$ 0	\$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	136,436	(136,436)	0
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	0	0	0
29. Total		<u>\$ 136,436</u>	<u>\$ (136,436)</u>	<u>\$ 0</u>

SCHEDULE 2a

**MONTEREY COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2005**

COUNTY OPERATED FEDERAL

		As Settled	Audit Adjustments	As Audited
<u>Amount Negotiated Rates Exceed Cost</u>				
30. Inpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Medi-Cal Administrative Reimbursement

37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 3,286,779	\$ (81,361)	\$ 3,205,418
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ 2,666,738	\$ 129,172	\$ 2,795,910
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 2,666,738</u>	<u>\$ 129,172</u>	<u>\$ 2,795,910</u>

Healthy Families Administrative Reimbursement

40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 0	\$ 32,284	\$ 32,284
41. Healthy Families Administration	(MH1979, Ln 9)	\$ 0	\$ 61,021	\$ 61,021
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 0</u>	<u>\$ 32,284</u>	<u>\$ 32,284</u>

Utilization Review Reimbursement

43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$ 498,925	\$ (231,326)	\$ 267,599
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	<u>\$ 0</u>	<u>\$ 26,010</u>	<u>\$ 26,010</u>

Net SD/MC Reimbursement - FFP

45. Direct Services	(MH1979, Ln 16,16A)	\$ 6,407,806	\$ (234,814)	\$ 6,172,992
46. Enhanced (Children)	(MH1979, Ln 17,17A)	0	41,351	41,351
47. Enhanced (Refugees)	(MH1979, Ln 18)	0	0	0
48. MAA	(MH 1979, Ln 11, 12 & 13)	68,218	(68,218)	0
49. Administrative Reimbursement	(MH1979, Ln 6)	1,333,369	64,586	1,397,955
50. U.R. Skilled Professional	(MH1979, Ln 14)	374,194	(173,494)	200,699
51. U.R. Other	(MH1979, Ln 15)	0	13,005	13,005
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		<u>\$ 8,183,587</u>	<u>\$ (357,584)</u>	<u>\$ 7,826,002</u>

54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55. Quality Assurance Review Results	(Adj #)	0	0	0

56. Total SD/MC Reimbursement - FFP		<u>\$ 8,183,587</u>	<u>\$ (357,584)</u>	<u>\$ 7,826,002</u>
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Net Healthy Families Reimbursement - FFP

57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 0	\$ 176,531	\$ 176,531
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	0	20,985	20,985
60. Total Healthy Families Reimbursement - FFP		<u>\$ 0</u>	<u>\$ 197,515</u>	<u>\$ 197,515</u>

61. Total - FFP (Ln 56 + Ln 60)		<u>\$ 8,183,587</u>	<u>\$ (160,069)</u>	<u>\$ 8,023,517</u>
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(To Sch 1)

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[illegible]

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SCHEDULE 4

**MONTEREY COUNTY
COMMUNITY MENTAL HEALTH SERVICES
COMPUTATION OF EPSDT STATE SHARE PER AUDIT
FISCAL YEAR ENDED JUNE 30, 2005**

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)(Adj.	\$	20,880,188	\$ (541,492)	\$ 20,338,696
(2) Total SD/MC Claims	(Adjustments 95, 96 and 98)	20,777,355	(954)	20,776,401
(3) Percent % (Line 1/Line 2)		1.0049	(0.0260)	0.9789
(4) EPSDT Claims	(Adjustments 96, 98 and 100)	10,209,832	(954)	10,208,878
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)		10,259,860	(266,389)	9,993,471
(6) Cost Settled Baseline for EPSDT		1,381,677	0	1,381,677
(7) Net Cost Settlement Amount (Line 5 - Line 6)		8,878,183	(266,389)	8,611,794
(8) 50% of Cost Settlement Amount (Line 7 x 50%)		4,439,092	(133,195)	4,305,897
(8a) FY 2001-02 EPSDT Settlement		1,672,605	0	1,672,605
(8b) Annual Local Growth (L. 8 - 8a)		2,766,487	(133,195)	2,633,292
(9) County Match 10% of Local Growth (8b x 10%)		276,649	(13,320)	263,329
(10) Net Cost Settlement Amount (L. 8 - 9)	(Adjustment 101)	4,162,443	(119,875)	4,042,568
(11) SGF Distribution (Settled and Audited)	(Adjustment 104)	4,162,443	(352)	4,162,091
(12) SGF Due State	(Adjustment 105)	<u>\$ 0</u>	<u>\$ (119,523)</u>	<u>\$ (119,523)</u>
				(To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2004-2005, includes increase for FFS/MC provider rate increase
- (7) Settlement amount prior to 10% match calculation (8) - (9)
- (11) SGF distribution (See DMH letter dated August 30, 2004 sent to Local Mental Health Directors)

Note: This amount may include payments not yet made but scheduled to be released as soon as funding becomes available. It may also include payments made in error in FY 06, which will be reversed in FY 06 and rescheduled for payment when funding becomes available.

- (12) Amount owed back to the state cannot be more than was paid.

AUDIT ADJUSTMENTS

Provider MONTEREY COUNTY				Provider Number 00027	No. of Adj. 105	Fiscal Period Ended June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
1	MH 1960	1	C	MENTAL HEALTH EXPENDITURES To adjust mental health expenditures to agree with County's records and supporting documents.	\$ 31,998,626	\$ 537,752	\$ 32,536,378
2	MH 1960	2	C	ENCUMBRANCES To adjust the encumbrances to agree with the County's records and supporting documentation.	\$ 1,492,841	\$ (716,476)	\$ 776,365
3	MH 1960	3	C	PAYMENTS TO CONTRACT PROVIDERS (COUNTY ONLY) To adjust the payments to contract providers to agree with the County's records and supporting documentation.	\$ (10,422,093)	\$ (283,125)	\$ (10,705,218)
4	MH 1960	4	C	OTHER ADJUSTMENTS To adjust other adjustments to account for the following: Countywide Cost Allocation (A-87) Costs \$ 922,468 Public Guardian (608,199) Intra-Fund Transfer Offset 593835 IMD (1,042,363) State Hospital (811,792) Total Allowable Other Adjustments \$ <u>(946,051)</u>	\$ 922,468	\$ (1,868,519)	\$ (946,051)
5	MH 1960	6	C	MEDI-CAL ADJUSTMENTS To adjust medi-cal adjustments to account for the changes in the computation for fixed assets depreciation.	\$ (1,499,391)	\$ 3,140	\$ (1,496,251) *
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider MONTEREY COUNTY				Provider Number 00027	No. of Adj. 105	Fiscal Period Ended June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
6	MH 1960	6	C	MEDI-CAL ADJUSTMENTS To adjust medi-cal adjustments to add back State Hospital costs that were already deducted in other adjustments reflected in the MH 1960 Line 4.	** \$ (1,496,251)	\$ 811,792	\$ (684,459) *
7	MH 1960	6	C	MEDI-CAL ADJUSTMENTS To adjust medi-cal adjustments to add back encumbrances costs that were already deducted in MH 1960, line 2 of the revised cost report per audit.	** \$ (684,459)	\$ 719,835	\$ 35,376 *
8	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To adjust allowable costs for allocation to reflect the effect of adjustments 1 through 7 above.	\$ 22,492,451	\$ (795,601)	\$ 21,696,850
9	MH 1960	9	C	SD/MC ADMINISTRATION	\$ 2,666,738	\$ (33,041)	\$ 2,633,697 *
10	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	\$ 0	\$ 0	\$ 0 *
11	MH 1960	11	C	NON-SD/MC ADMINISTRATION	\$ 1,271,101	\$ (15,749)	\$ 1,255,352 *
12	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS To adjust SD/MC, Healthy Families and Non-SD/MC administration costs as a result of adjustments 1 through 7 above. The distribution between SD/MC Healthy Families and Non-SD/MC administrative costs were based on the reported administrative costs reflected on the original cost report.	<u>\$ 3,937,839</u>	<u>\$ (48,790)</u>	<u>\$ 3,889,049</u> *
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider MONTEREY COUNTY				Provider Number 00027	No. of Adj. 105	Fiscal Period Ended June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
13	MH 1960	9	C	SD/MC ADMINISTRATION	** \$ 2,633,697	\$ 162,213	\$ 2,795,910
14	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	** \$ 0	\$ 61,021	\$ 61,021
15	MH 1960	11	C	NON-SD/MC ADMINISTRATION	** \$ 1,255,352	\$ (223,234)	\$ 1,032,118
	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** \$ <u>3,889,049</u>	\$ <u>0</u>	\$ <u>3,889,049</u>
				To allocate SD/MC, Healthy Families and Non-SD/MC administrative costs based on the gross cost method of allocation. The County could not demonstrate the method used to distribute the costs between the above categories, therefore, the auditor utilized a reasonable and acceptable method.			
16	MH 1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL	\$ 498,925	\$ (231,326)	\$ 267,599
17	MH 1960	14	C	OTHER SD/MC UTILIZATION REVIEW	\$ 0	\$ 26,010	\$ 26,010
18	MH 1960	15	C	NON-SD/MC UTILIZATION REVIEW	\$ 20,787	\$ 184,529	\$ 205,316
19	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS	\$ <u>519,712</u>	\$ <u>(20,787)</u>	\$ <u>498,925</u>
				To adjust utilization review costs to agree with the County's records and supporting documents. The gross cost method of allocation was utilized since the County could not support a reasonable or acceptable methodology. the auditor utilized a reasonable and acceptable method.			
				<u>ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE</u>			
20	MH 1964	4	A	DAY SERVICES (MODE 10)	\$ 1,384,638	\$ (18,325)	\$ 1,366,313
21	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM 2)	\$ 16,070,202	\$ (633,882)	\$ 15,436,320
22	MH 1964	6	A	OUTREACH SERVICES (MODE 45)	\$ 0	\$ 14,921	\$ 14,921
23	MH 1964	7	A	MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55)	\$ 68,218	\$ (68,218)	\$ 0
24	MH 1964	8	A	SUPPORT SERVICES (MODE 60)	\$ 511,842	\$ (20,520)	\$ 491,322
25	MH 1964	9	A	Total	\$ <u>18,034,900</u>	\$ <u>(726,024)</u>	\$ <u>17,308,876</u>
				To adjust modes of service costs to reflect adjustments 1 through 7 above.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
MONTEREY COUNTY				00027	105	June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED TOTAL UNITS OF SERVICE/TIME</u>			
				<u>COUNTY PROVIDERS</u>			
26	MH 1966	2	Total	SFC 15-01	2,204,184	540	2,204,724
27	MH 1966	2	Total	SFC 15-10	3,111,738	1,710	3,113,448
28	MH 1966	2	Total	SFC 15-60	690,778	2,690	693,468
29	MH 1966	2		Provider 2793 - SFC 15-10	0	720	720
30	MH 1966	2		Provider 2793 - SFC 15-30	0	1,085	1,085
31	MH 1966	2		Provider 2793 - SFC 15-40	0	90	90
32	MH 1966	2		Provider 2793 - SFC 15-60	0	9,220	9,220
33	MH 1966	2		Provider 2794 - SFC 15-10	0	1,370	1,370
34	MH 1966	2		Provider 2794 - SFC 15-30	0	100	100
35	MH 1966	2		Provider 2794 - SFC 15-60	0	8,350	8,350
	MH 1966	2		Provider 2794 - SFC 15-30	0	0	0
36	MH 1966	2		Provider 2795 - SFC 15-30	0	750	750
37	MH 1966	2		Provider 2795 - SFC 15-40	0	6,870	6,870
38	MH 1966	2		Provider 2795 - SFC 15-50	0	35	35
39	MH 1966	2		Provider 2796 - SFC 15-30	0	550	550
40	MH 1966	2		Provider 2796 - SFC 15-40	0	24,860	24,860
41	MH 1966	2		Provider 2796 - SFC 15-50	0	470	470
42	MH 1966	2		ASO SFC 15-13	51,255	(51,255)	0
				To adjust total units of service to agree with the County's records and supporting documents. Phase II units of service were extracted from Program 1 and settled in Program II.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
MONTEREY COUNTY				00027	105	June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED MEDICAL UNITS/TIME COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
43	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04	0	1,150,403	1,150,403 *
44	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/04 - 06/30/05	4,762,112	(1,278,372)	3,483,740 *
45	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04	0	21,067	21,067 *
46	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05	66,144	(3,558)	62,586 *
47	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04	0	9,113	9,113 *
48	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05	0	20,223	20,223 *
49	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05	0	16	16 *
50	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04	0	23,793	23,793 *
51	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05	0	82,482	82,482 *
52				TOTAL	<u>4,828,256</u>	<u>25,167</u>	<u>4,853,423</u> *
				To adjust the above mentioned settled units of service/time for the County Operated facilities to agree with the State DMH Approved Claims Report dated February 24, 2009 (Excluding disallowed claims of 0 uos/uot). The auditor submitted workpapers to the County which shows the details of the above adjustments. Phase II was included.			
53	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04	** 1,150,403	(1,150,403)	0 *
54	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/04 - 06/30/05	** 3,483,740	1,171,541	4,655,281 *
55	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04	** 21,067	(21,067)	0 *
56	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05	** 62,586	4,238	66,824 *
57	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04	** 9,113	(9,113)	0 *
58	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05	** 20,223	5,648	25,871 *
59	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05	** 16	(16)	0 *
60	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04	** 23,793	(23,793)	0 *
61	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05	** 82,482	12,081	94,563 *
62				TOTAL	<u>** 4,853,423</u>	<u>(10,884)</u>	<u>4,842,539</u> *
				To adjust the SD/MC, Enhanced and Healthy Families units of service/time to agree with the County's records and supporting documents. The auditor submitted work papers to the County which shows the details of the above adjustments. Phase II was included.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
MONTEREY COUNTY				00027	105	June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED MEDICAL UNITS/TIME</u>			
				<u>COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
63	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 **	0	665,555	665,555
64	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/04 - 06/30/05 **	4,655,281	(675,102)	3,980,179
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 **	0	0	0
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 **	66,824	0	66,824
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 **	0	0	0
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 **	25,871	0	25,871
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 **	0	0	0
65	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 **	0	1,875	1,875
66	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 **	94,563	(2,355)	92,208
67				TOTAL **	<u>4,842,539</u>	<u>(10,027)</u>	<u>4,832,512</u>
				To adjust the above mentioned units of service/time to incorporate the controls of the lower of DMH approved units vs. the County's records by SFC. The auditor submitted work papers to the County which shows details of the above adjustments. Phase II was included.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider MONTEREY COUNTY				Provider Number 00027	No. of Adj. 105	Fiscal Period Ended June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED MEDICAL UNITS/TIME CONTRACT PROVIDERS</u>			
68	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04	939,365	(387,824)	551,541 *
69	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/04 - 06/30/05	1,413,064	359,581	1,772,645 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04	0	0	0 *
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05	0	0	0 *
70	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04	0	724	724 *
71	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05	0	6,957	6,957 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05	0	0	0 *
72	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04	0	3,511	3,511 *
73	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05	0	22,006	22,006 *
74				TOTAL	<u>2,352,429</u>	<u>4,955</u>	<u>2,357,384</u> *
				To adjust the above mentioned settled units of service/time for the County Operated facilities to agree with the State DMH Approved Claims Report dated February 24, 2009 (Excluding disallowed claims of 13,155 uos/uot). The auditor submitted workpapers to the County which shows the details of the above adjustments. Phase II was included.			
75	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04	** 551,541	(551,541)	0 *
76	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/04 - 06/30/05	** 1,772,645	574,686	2,347,331 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04	** 0	0	0 *
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05	** 0	0	0 *
77	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04	** 724	(724)	0 *
78	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05	** 6,957	724	7,681 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05	** 0	0	0 *
79	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04	** 3,511	(3,511)	0 *
80	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05	** 22,006	(11,133)	10,873 *
81				TOTAL	<u>** 2,357,384</u>	<u>8,501</u>	<u>2,365,885</u> *
				To adjust the SD/MC, Enhanced and Healthy Families units of service/time to agree with the County's records and supporting documents. The auditor submitted work papers to the County which shows the details of the above adjustments.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
MONTEREY COUNTY				00027	105	June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED MEDICAL UNITS/TIME CONTRACT PROVIDERS</u>			
82	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 **	0	(3,389)	(3,389) *
83	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/04 - 06/30/05 **	2,347,331	(9,766)	2,337,565 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 **	0	0	0 *
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 **	0	0	0 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 **	0	0	0 *
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 **	7,681	0	7,681 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 **	0	0	0 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 **	0	0	0 *
	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 **	10,873	0	10,873 *
84				TOTAL **	<u>2,365,885</u>	<u>(13,155)</u>	<u>2,352,730</u> *
				To adjust the County's records to account for the units of service/time that the County adjusted out when utilizing the disallowed claims system (DCS). These units of service/time were excluded in the State DMH Summary of Approved Claims Report but remained in the County's records.			
85	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 **	(3,389)	0	(3,389) *
	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/04 - 06/30/05 **	2,337,565	(95)	2,337,470 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 **	0	0	0 *
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 **	0	0	0 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 **	0	0	0 *
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 **	7,681	0	7,681 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 **	0	0	0 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 **	0	0	0 *
	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 **	10,873	0	10,873 *
86				TOTAL **	<u>2,352,730</u>	<u>(95)</u>	<u>2,352,635</u> *
				To adjust the State DMH Approved Claims Report dated February 24, 2009 to incorporate the results of the EPSDT audit findings. This audit was conducted by the State DMH Oversight Branch.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
MONTEREY COUNTY				00012	105	June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED MEDICAL UNITS/TIME CONTRACT PROVIDERS</u>			
87	MH 1966A	8	TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 **	(3,389)	282,201	278,812 *
88	MH 1966A	8A	TOTAL	MEDI-CAL UNITS 10/01/04 - 06/30/05 **	2,337,470	(296,837)	2,040,633 *
	MH 1966A	9	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 **	0	0	0 *
	MH 1966A	9A	TOTAL	MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 **	0	0	0 *
	MH 1966A	10	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 **	0	0	0 *
	MH 1966A	10A	TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 **	7,681	0	7,681 *
	MH 1966A	10B	TOTAL	ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 **	0	0	0 *
	MH 1966A	11	TOTAL	HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 **	0	0	0 *
	MH 1966A	11A	TOTAL	HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 **	10,873	0	10,873 *
89				TOTAL	<u>2,352,635</u>	<u>(14,636)</u>	<u>2,337,999</u>
				To adjust the above mentioned units of service/time to incorporate the controls of the lower of DMH approved units vs. the County's records by SFC. The auditor submitted work papers to the County which shows details of the above adjustments.			
				<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT COUNTY PROVIDERS</u>			
90	MH 1979	23	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SD/MC)	\$ 8,183,587	\$ (357,585)	\$ 7,826,002
91	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT	\$ 0	\$ 197,515	\$ 197,515
				To adjust the SD/MC (FFP), Enhanced (FFP) and Healthy Families (FFP) due to adjustments to costs, units of service/time and the results of the EPSDT review.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider MONTEREY COUNTY				Provider Number 00027	No. of Adj. 105	Fiscal Period Ended June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT CONTRACT PROVIDERS</u>			
92	MH 1979	23	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SD/MC)	\$ 4,531,084	\$ (65,600)	\$ 4,465,484
93	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT	\$ 0	\$ 33,318	\$ 33,318
				To adjust the SD/MC (FFP) and Healthy Families (FFP) due to adjustments to revenues and units of service/time.			
				Interim, Inc.	\$ 1,850,079	\$ (1,757)	\$ 1,848,322
				Unity Care Group, Inc.	1,387,709	(35,532)	1,352,177
				Natividad Medical Center	498,796	(457)	498,339
				Odd-Fellow Rebekah	68,536	0	68,536
				Edgewood	131,199	(1,631)	129,568
				Casa Pacifica	52,440	(55)	52,385
				Milhaus Children's Services	21,584	0	21,584
				Sunny Hills	45,499	0	45,499
				Summitview	17,198	0	17,198
				North Valley Schools	23,801	(11,553)	12,248
				Charis Youth Center	15,405	0	15,405
				Community Human Services	175,341	(575)	174,766
				FSA of Pajaro Valley	60	0	60
				Kinship Center	225,465	19,278	244,743
				Redwood Children's Services	17,972	0	17,972
				Total	\$ <u>4,531,084</u>	\$ <u>(32,282)</u>	\$ <u>4,498,802</u>
				<u>ADJUSTMENTS TO AS SETTLED EPSDT STATE GENERAL FUNDS</u>			
94	SCH 4	1	3	SD/MC ACTUALS	\$ 20,880,188	\$ (541,492)	\$ 20,338,696
				To adjust SD/MC actuals as a result of adjustments to total computable Medical Costs as reflected in the MH 1979 forms for both the County Program and its contract providers. The amounts utilized for this purpose was SD/MC and Enhanced for Outpatient services only.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider MONTEREY COUNTY				Provider Number 00027	No. of Adj. 105	Fiscal Period Ended June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO AS SETTLED EPSDT STATE GENERAL FUNDS</u>			
95	SCH 4	2	3	TOTAL SD/MC CLAIMS	\$ 20,777,355	\$ (8,034)	\$ 20,769,321 *
96	SCH 4	4	3	EPSDT CLAIMS	\$ 10,209,832	\$ (8,034)	\$ 10,201,798 *
				To adjust total SD/MC claims and EPSDT claims to include the results of the Department's audit of the EPSDT Program conducted by the State Department of Mental Health as reflected in the report dated March 3, 2008. The Report covered the period from July 1, 2004 through June 30, 2005. This represents the original recoupment.			
97	SCH 4	2	3	TOTAL SD/MC CLAIMS	** \$ 20,769,321	\$ 8,034	\$ 20,777,355 *
98	SCH 4	4	3	EPSDT CLAIMS	** \$ 10,201,798	\$ 8,034	\$ 10,209,832 *
				To adjust total SD/MC claims and EPSDT claims to reverse the original recoupment included in adjustments 95 and 96 above. The revised findings affecting "Total SD/MC Claims and EPSDT Claims" will be taken in adjustments 68 and 69 below.			
99	SCH 4	2	3	TOTAL SD/MC CLAIMS	** \$ 20,777,355	\$ (954)	\$ 20,776,401
100	SCH 4	4	3	EPSDT CLAIMS	** \$ 10,209,832	\$ (954)	\$ 10,208,878
				To adjust total SD/MC claims and EPSDT claims to include the results of the Department's revised audit of the EPSDT Program conducted by the State Department of Mental Health as reflected in the report dated March 3, 2008. The Report covered the period from July 1, 2004 through June 30, 2005. This represents the revised recoupment.			
101	SCH 4	10	3	NET COST SETTLEMENT AMOUNT	\$ 4,162,443	\$ (119,875)	\$ 4,042,568
				To adjust net cost settlement amount as a result of adjustments to SD/MC actuals (Total Computable Medical), total SD/MC claims and EPSDT claims.			
102	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION	\$ 4,162,443	\$ (2,966)	\$ 4,159,477 **
				To adjust State General Fund Distribution to include the results of the Department's audit of the EPSDT Program conducted by the State Department of Mental Health as reflected in the report dated March 3, 2008. The Report covered the period from July 1, 2004 through June 30, 2005. This represents the SGF original recoupment.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider MONTEREY COUNTY				Provider Number 00027	No. of Adj. 105	Fiscal Period Ended June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO AS SETTLED EPSDT STATE GENERAL FUNDS</u>			
103	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION To adjust State General Fund Distribution to reverse the original SGF recoupment included in adjustment 102 above. The revised findings affecting "State General Fund Distribution" will be taken in adjustments 104 below.	** \$ 4,159,477	\$ 2,966	\$ 4,162,443
104	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION To adjust the State General Fund Distribution to reflect the results of the revised EPSDT findings included in the final report dated March 3, 2008.	** \$ 4,162,443	\$ (352)	\$ 4,162,091 *
105	SCH 4	12	3	STATE GENERAL FUNDS DUE STATE To adjust State General Funds due State as a result of adjustments to Cost Settlement Amount and State General Fund Distribution as follows: Audited Net Cost Settlement Amount Adj. 71 \$ 4,042,568 Audited State General Fund Distribution Adj. 73 4,162,091 Net State General Funds due to State <u>\$ (119,523)</u>	\$ 0	\$ (119,523)	\$ (119,523) *
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

DETAIL COST REPORT

CALCULATION OF PROGRAM COSTS

MH 1960 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: MONTEREY COUNTY

County Code: 27

Legal Entity: MONTEREY COUNTY		A	B	C
Legal Entity Number: 00027		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	15,926,605	16,609,773	32,536,378
2	Encumbrances		776,365	776,365
3	Less: Payments to Contract Providers (County Only)		(10,705,218)	(10,705,218)
4	Other Adjustments from MH 1962		(946,051)	(946,051)
5	Total Costs Before Medi-Cal Adjustments	15,926,605	5,734,869	21,661,474
6	Medi-Cal Adjustments from MH 1961		35,376	35,376
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			21,696,850
Administrative Costs (County Only)				
9	SD/MC Administration			2,795,910
10	Healthy Families Administration			61,021
11	Non-SD/MC Administration			1,032,118
12	Total Administrative Costs			3,889,049
Utilization Review Costs (County Only)				
13	Skilled Professional Medical Personnel			267,599
14	Other SD/MC Utilization Review			26,010
15	Non-SD/MC Utilization Review			205,316
16	Total Utilization Review Costs			498,925
Research and Evaluation (County Only)				
18	Mode Costs (Direct Service and MAA)			17,308,876
19	Total Costs - Lines 9 through 18			21,696,850

DETAIL COST REPORT

MEDI-CAL ADJUSTMENTS TO COSTS

MH 1961 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: MONTEREY COUNTY
County Code: 27

Legal Entity: MONTEREY COUNTY		A	B	C
Legal Entity Number: 00027		Salaries and Benefits	Other	Total Adjustments
1	Per Original Cost Report			
2				
3	Depreciation		32,236	32,236
4	State Hospital Reimbursements		(811,792)	(811,792)
5	Encumbrances returned to Fund Balance		(719,835)	(719,835)
6				
7	Per Audit			
8				
9	To adjust Depreciation expenses to agree with the			
10	County's records and supporting documents		3,140	3,140
11	To offset State Hospital expenditures that will be			
12	accounted for in "Other Adjustments" See MH 1962		811,792	811,792
13	To offset encumbrances. Actual encumbrances will			
14	be taken on line 2 of the MH 1960 form		719,835	719,835
15				
16				
17				
18				
19				
20	Total Adjustments		35,376	35,376

DETAIL COST REPORT

OTHER ADJUSTMENTS

MH 1962 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: MONTEREY COUNTY
County Code: 27

Legal Entity: MONTEREY COUNTY		A	B	C
Legal Entity Number: 00027		Salaries and Benefits	Other	Total Adjustments
1	<i>Per Original Cost Report</i>			
2				
3	Countywide Cost Allocation Plan (COWCAP A-87)		922,468	922,468
4				
5	<i>Adjustments per Audit</i>			
6				
7	To eliminate Public Guardian Expenditures		(608,199)	(608,199)
8	To account for the Intra-Fund Transfer Offset		593,835	593,835
9	To eliminate IMD Expenditures		(1,042,363)	(1,042,363)
10	To eliminate State Hospital Costs		(811,792)	(811,792)
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		(946,051)	(946,051)

DETAIL COST REPORT

ALLOCATION OF COSTS TO MODES OF SERVICE

MH 1964 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: MONTEREY COUNTY

County Code: 27

Legal Entity: MONTEREY COUNTY		A
Legal Entity Number: 00027		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	17,308,876
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	1,366,313
5	Outpatient Services (Mode 15 Program 1 + Program 2)	15,436,320
6	Outreach Services (Mode 45)	14,921
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	491,322
9	Total - Lines 2 through 8	17,308,876

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE

FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 1

FISCAL YEAR 2004 - 2005

County: MONTEREY COUNTY

County Code: 27

Legal Entity: MONTEREY COUNTY			CR		CR							
Legal Entity Number: 00027			A	B	C	D	E	F	G			
Mode: 10 - Day Services			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function			
				85	95							
1	Allocation Percentage		100.00%	41.75%	58.25%							
2	Total Units			2,802	6,504							
3	Gross Cost		1,366,313	570,439	795,874							
4	Cost per Unit			203.58	122.37							
5	SMA per Unit			189.33	122.75							
6	Published Charge per Unit			189.33	122.75							
7	Negotiated Rate / Cost per Unit											
8	Medi-Cal Units	07/01/04 - 09/30/04		684	588							
8A		10/01/04 - 06/30/05		2,091	2,297							
9	Medicare/Medi-Cal Crossover Units	07/01/04 - 09/30/04										
9A		10/01/04 - 06/30/05										
10	Enhanced SD/MC (Children) Units	07/01/04 - 09/30/04										
10A		10/01/04 - 06/30/05										
10B	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05										
11	Healthy Families (SED) Units	07/01/04 - 09/30/04										
11A		10/01/04 - 06/30/05			333							
12	Non-Medi-Cal Units			27	3,286							
13	Medi-Cal Costs	07/01/04 - 09/30/04	211,202	139,251	71,952							
13A		10/01/04 - 06/30/05	706,768	425,692	281,077							
14	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04	201,679	129,502	72,177							
14A		10/01/04 - 06/30/05	677,846	395,889	281,957							
15	Medi-Cal Published Charges	07/01/04 - 09/30/04	201,679	129,502	72,177							
15A		10/01/04 - 06/30/05	677,846	395,889	281,957							
16	Medi-Cal Negotiated Rates	07/01/04 - 09/30/04										
16A		10/01/04 - 06/30/05										
17	Medicare/Medi-Cal Crossover Costs	07/01/04 - 09/30/04										
17A		10/01/04 - 06/30/05										
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04										
18A		10/01/04 - 06/30/05										
19	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04										
19A		10/01/04 - 06/30/05										
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04										
20A		10/01/04 - 06/30/05										
21	Enhanced SD/MC Costs	07/01/04 - 09/30/04										
21A		10/01/04 - 06/30/05										
22	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04										
22A		10/01/04 - 06/30/05										
23	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04										
23A		10/01/04 - 06/30/05										
24	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04										
24A		10/01/04 - 06/30/05										
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05										
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05										
27	Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 06/30/05										
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05										
29	Healthy Families Costs	07/01/04 - 09/30/04										
29A		10/01/04 - 06/30/05	40,748		40,748							
30	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04										
30A		10/01/04 - 06/30/05	40,876		40,876							
31	Healthy Families Published Charges	07/01/04 - 09/30/04										
31A		10/01/04 - 06/30/05	40,876		40,876							
32	Healthy Families Negotiated Rates	07/01/04 - 09/30/04										
32A		10/01/04 - 06/30/05										
33	Non-Medi-Cal Costs		407,594	5,497	402,097							

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE
FUNCTIONS - MODE TOTAL

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FISCAL YEAR 2004 - 2005

County: MONTEREY COUNTY

County Code: 27

		CR		CR		CR		CR		F		G	
Legal Entity: MONTEREY COUNTY		A		B		C		D		E		F	
Legal Entity Number: 00027		Mode Total		Service Function		Service Function		Service Function		Service Function		Service Function	
Mode: 15 - Outpatient Services (Program 1)				01		10		60		70			
1	Allocation Percentage	100.00%		26.73%		48.67%		20.06%		4.55%			
2	Total Units			2,204,724		3,113,448		693,468		195,405			
3	Gross Cost	15,368,075		4,107,738		7,479,242		3,082,524		698,570			
4	Cost per Unit			1.86		2.40		4.45		3.57			
5	SMA per Unit			1.89		2.44		4.51		3.63			
6	Published Charge per Unit			1.89		2.44		4.51		3.63			
7	Negotiated Rate / Cost per Unit												
8	Medi-Cal Units	07/01/04 - 09/30/04		424,087		237,596							
8A		10/01/04 - 06/30/05		1,392,549		1,992,974		468,297		79,851			
9	Medicare/Medi-Cal Crossover Units	07/01/04 - 09/30/04											
9A		10/01/04 - 06/30/05						66,824					
10	Enhanced SD/MC (Children) Units	07/01/04 - 09/30/04											
10A		10/01/04 - 06/30/05		8,238		13,777		2,505		1,051			
10B	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05											
11	Healthy Families (SED) Units	07/01/04 - 09/30/04				1,875							
11A		10/01/04 - 06/30/05		25,803		54,749		7,193		4,130			
12	Non-Medi-Cal Units			354,047		812,477		148,649		110,373			
13	Medi-Cal Costs	07/01/04 - 09/30/04	1,360,901	790,139		570,762							
13A		10/01/04 - 06/30/05	9,749,215	2,594,532		4,787,597		2,081,620		285,466			
14	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04	1,381,259	801,524		579,734							
14A		10/01/04 - 06/30/05	9,896,653	2,631,918		4,862,857		2,112,019		289,859			
15	Medi-Cal Published Charges	07/01/04 - 09/30/04	1,381,259	801,524		579,734							
15A		10/01/04 - 06/30/05	9,896,653	2,631,918		4,862,857		2,112,019		289,859			
16	Medi-Cal Negotiated Rates	07/01/04 - 09/30/04											
16A		10/01/04 - 06/30/05											
17	Medicare/Medi-Cal Crossover Costs	07/01/04 - 09/30/04											
17A		10/01/04 - 06/30/05	297,038					297,038					
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04											
18A		10/01/04 - 06/30/05	301,376					301,376					
19	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04											
19A		10/01/04 - 06/30/05	301,376					301,376					
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04											
20A		10/01/04 - 06/30/05											
21	Enhanced SD/MC Costs	07/01/04 - 09/30/04											
21A		10/01/04 - 06/30/05	63,337	15,349		33,096		11,135		3,757			
22	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04											
22A		10/01/04 - 06/30/05	64,298	15,570		33,616		11,298		3,815			
23	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04											
23A		10/01/04 - 06/30/05	64,298	15,570		33,616		11,298		3,815			
24	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04											
24A		10/01/04 - 06/30/05											
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05											
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05											
27	Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 06/30/05											
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05											
29	Healthy Families Costs	07/01/04 - 09/30/04	4,504			4,504							
29A		10/01/04 - 06/30/05	226,333	48,075		131,520		31,973		14,765			
30	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04	4,575			4,575							
30A		10/01/04 - 06/30/05	229,788	48,768		133,588		32,440		14,992			
31	Healthy Families Published Charges	07/01/04 - 09/30/04	4,575			4,575							
31A		10/01/04 - 06/30/05	229,788	48,768		133,588		32,440		14,992			
32	Healthy Families Negotiated Rates	07/01/04 - 09/30/04											
32A		10/01/04 - 06/30/05											
33	Non-Medi-Cal Costs		3,666,746	659,644		1,951,763		660,757		394,582			

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE
FUNCTIONS - MODE TOTAL

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FISCAL YEAR 2004 - 2005

County: MONTEREY COUNTY
County Code: 27

Legal Entity: MONTEREY COUNTY			A	MHS B Service Function 10	MHS C Service Function 30	MHS D Service Function 40	MHS E Service Function 60	MHS F Service Function 10	MHS G Service Function 30
Legal Entity Number: 00027			Mode Total						
Mode: 15 - Outpatient Services (Program 2)									
1	Allocation Percentage		100.00%	1.15%	2.12%	0.23%	28.41%	2.19%	0.13%
2	Total Units			720	1,085	90	9,220	1,370	100
3	Gross Cost		68,245	785	1,446	156	19,389	1,494	92
4	Cost per Unit			1.09	1.33	1.73	2.10	1.09	0.92
5	SMA per Unit			2.44	2.44	2.44	4.51	2.44	2.44
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/04 - 09/30/04							
8A		10/01/04 - 06/30/05		720	920	30	5,955	830	100
9	Medicare/Medi-Cal Crossover Units	07/01/04 - 09/30/04							
9A		10/01/04 - 06/30/05							
10	Enhanced SD/MC Units	07/01/04 - 09/30/04							
10A		10/01/04 - 06/30/05							
10B	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05							
11	Healthy Families (SED) Units	07/01/04 - 09/30/04							
11A		10/01/04 - 06/30/05							
12	Non-Medi-Cal Units				165	60	3,265	540	
13	Medi-Cal Costs	07/01/04 - 09/30/04	3,108						
13A		10/01/04 - 06/30/05	51,826	785	1,226	52	12,523	905	92
14	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04	6,344						
14A		10/01/04 - 06/30/05	115,100	1,757	2,245	73	26,857	2,025	244
15	Medi-Cal Published Charges	07/01/04 - 09/30/04							
15A		10/01/04 - 06/30/05							
16	Medi-Cal Negotiated Rates	07/01/04 - 09/30/04							
16A		10/01/04 - 06/30/05							
17	Medicare/Medi-Cal Crossover Costs	07/01/04 - 09/30/04							
17A		10/01/04 - 06/30/05							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04							
18A		10/01/04 - 06/30/05							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04							
19A		10/01/04 - 06/30/05							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04							
20A		10/01/04 - 06/30/05							
21	Enhanced SD/MC Costs	07/01/04 - 09/30/04							
21A		10/01/04 - 06/30/05	280						
22	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04							
22A		10/01/04 - 06/30/05	732						
23	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04							
23A		10/01/04 - 06/30/05							
24	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04							
24A		10/01/04 - 06/30/05							
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 06/30/05							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05							
29	Healthy Families Costs	07/01/04 - 09/30/04							
29A		10/01/04 - 06/30/05							
30	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04							
30A		10/01/04 - 06/30/05							
31	Healthy Families Published Charges	07/01/04 - 09/30/04							
31A		10/01/04 - 06/30/05							
32	Healthy Families Negotiated Rates	07/01/04 - 09/30/04							
32A		10/01/04 - 06/30/05							
33	Non-Medi-Cal Costs		13,031	0	220	104	6,866	589	

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE
FUNCTIONS - MODE TOTAL

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FISCAL YEAR 2004 - 2005

County: MONTEREY COUNTY
County Code: 27

		MHS	MHS	MHS	MHS	MHS	MHS	MHS
Legal Entity: MONTEREY COUNTY		H	I	J	K	L	M	N
Legal Entity Number: 00027		Service	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient Services (Program 2)		Function	Function	Function	Function	Function	Function	Function
		40	30	40	50	30	40	50
1	Allocation Percentage	11.15%	1.56%	8.07%	0.06%	0.74%	43.55%	0.64%
2	Total Units	8,350	750	6,870	35	550	24,860	470
3	Gross Cost	7,608	1,063	5,508	40	505	29,719	440
4	Cost per Unit	0.91	1.42	0.80	1.14	0.92	1.20	0.94
5	SMA per Unit	2.44	2.44	2.44	2.44	2.44	2.44	2.44
6	Published Charge per Unit							
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/04 - 09/30/04					2,800	
8A		10/01/04 - 06/30/05	6,060	650	5,220	35	450	470
9	Medicare/Medi-Cal Crossover Units	07/01/04 - 09/30/04						
9A		10/01/04 - 06/30/05						
10	Enhanced SD/MC Units	07/01/04 - 09/30/04						
10A		10/01/04 - 06/30/05		200			100	
10B	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05						
11	Healthy Families (SED) Units	07/01/04 - 09/30/04						
11A		10/01/04 - 06/30/05						
12	Non-Medi-Cal Units		2,290	100	1,450	100	1,480	
13	Medi-Cal Costs	07/01/04 - 09/30/04					3,108	
13A		10/01/04 - 06/30/05	5,521	921	4,185	40	413	440
14	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04					6,344	
14A		10/01/04 - 06/30/05	14,786	1,586	12,737	85	1,098	1,147
15	Medi-Cal Published Charges	07/01/04 - 09/30/04						
15A		10/01/04 - 06/30/05						
16	Medi-Cal Negotiated Rates	07/01/04 - 09/30/04						
16A		10/01/04 - 06/30/05						
17	Medicare/Medi-Cal Crossover Costs	07/01/04 - 09/30/04						
17A		10/01/04 - 06/30/05						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04						
18A		10/01/04 - 06/30/05						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04						
19A		10/01/04 - 06/30/05						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04						
20A		10/01/04 - 06/30/05						
21	Enhanced SD/MC Costs	07/01/04 - 09/30/04						
21A		10/01/04 - 06/30/05		160			120	
22	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04						
22A		10/01/04 - 06/30/05		488			244	
23	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04						
23A		10/01/04 - 06/30/05						
24	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04						
24A		10/01/04 - 06/30/05						
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 06/30/05						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05						
29	Healthy Families Costs	07/01/04 - 09/30/04						
29A		10/01/04 - 06/30/05						
30	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04						
30A		10/01/04 - 06/30/05						
31	Healthy Families Published Charges	07/01/04 - 09/30/04						
31A		10/01/04 - 06/30/05						
32	Healthy Families Negotiated Rates	07/01/04 - 09/30/04						
32A		10/01/04 - 06/30/05						
33	Non-Medi-Cal Costs		2,087	142	1,163	92	1,769	

DETAIL COST REPORT

**ALLOCATION OF COSTS TO SERVICE
FUNCTIONS - MODE TOTAL**

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FISCAL YEAR 2004 - 2005

County: MONTEREY COUNTY

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CR

Legal Entity: MONTEREY COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00027			Service	Service	Service	Service	Service	Service
Mode: 45 - Outreach Services		Mode Total	Function	Function	Function	Function	Function	Function
			20					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units							
3	Gross Cost	14,921	14,921					
4	Cost per Unit							
5	Non-Medi-Cal Units							
6	Non-Medi-Cal Costs	14,921	14,921					

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE

FUNCTIONS - MODE TOTAL

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FISCAL YEAR 2004 - 2005

County: MONTEREY COUNTY

County Code: 27

County Code: 27		CR		CR				
Legal Entity: MONTEREY COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00027		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 60 - Support Services			30	40				
1	Allocation Percentage		100.00%	50.00%	50.00%			
2	Total Units							
3	Gross Cost	491,322	245,661	245,661				
4	Cost per Unit							
5	Non-Medi-Cal Units (Same as Line 2)							
6	Non-Medi-Cal Costs (Same as Line 3)	491,322	245,661	245,661				

DETAIL COST REPORT

DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT

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FISCAL YEAR 2004 - 2005

County: MONTEREY COUNTY County Code: 27 Legal Entity: MONTEREY COUNTY Legal Entity Number: 00027			REIMBURSEMENT TYPE				PC	Costs				Costs	K
			A	B	C	D	E	F	G	H	I	J	K
			Mode 55			Total MAA	Total Inpatient Mode 05 Hospital Inpatient Services	Mode 05 Other 24 Hour Services	Mode 10 Day Services	Mode 15 Outpatient Services Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Outpatient Services Program (2)	Total Outpatient (Col 1 + Col. J)
			S. F.'s 01-09	S. F.'s 11-19 31-39	S. F.'s 21-29								
1	Medi-Cal Costs	07/01/04 - 09/30/04							211,202	1,360,901	1,572,103	3,108	1,575,212
1A		10/01/04 - 06/30/05							706,768	9,749,215	10,455,984	51,826	10,507,810
2	Medi-Cal SMA	07/01/04 - 09/30/04							201,679	1,381,259	1,582,937	6,344	1,589,281
2A		10/01/04 - 06/30/05							677,846	9,896,653	10,574,499	115,100	10,689,598
3	Medi-Cal P. C.	07/01/04 - 09/30/04							201,679	1,381,259	1,582,937		1,582,937
3A		10/01/04 - 06/30/05							677,846	9,896,653	10,574,499		10,574,499
4	Medi-Cal N. R.	07/01/04 - 09/30/04											
4A		10/01/04 - 06/30/05											
5	Medi-Cal Gross Reimbursement	07/01/04 - 09/30/04							211,202	1,360,901	1,572,103	3,108	1,575,212
5A		10/01/04 - 06/30/05							706,768	9,749,215	10,455,984	51,826	10,507,810
6	Medicare/Medi-Cal Crossover Cost	07/01/04 - 09/30/04								297,038	297,038		297,038
6A		10/01/04 - 06/30/05											
7	Medicare/Medi-Cal Crossover SMA	07/01/04 - 09/30/04								301,376	301,376		301,376
7A		10/01/04 - 06/30/05											
8	Medicare/Medi-Cal Crossover P. C.	07/01/04 - 09/30/04								301,376	301,376		301,376
8A		10/01/04 - 06/30/05											
9	Medicare/Medi-Cal Crossover N. R.	07/01/04 - 09/30/04											
9A		10/01/04 - 06/30/05											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/04 - 09/30/04								297,038	297,038		297,038
10A		10/01/04 - 06/30/05											
11	Total SD/MC + Crossover Gross Reim.	07/01/04 - 09/30/04							211,202	1,360,901	1,572,103	3,108	1,575,212
11A		10/01/04 - 06/30/05							706,768	10,046,254	10,753,022	51,826	10,804,848
12	Enhanced SD/MC (Children) Cost	07/01/04 - 09/30/04								63,337	63,337	280	63,616
12A		10/01/04 - 06/30/05											
13	Enhanced SD/MC (Children) SMA	07/01/04 - 09/30/04								64,298	64,298	732	65,030
13A		10/01/04 - 06/30/05											
14	Enhanced SD/MC (Children) P. C.	07/01/04 - 09/30/04								64,298	64,298		64,298
14A		10/01/04 - 06/30/05											
15	Enhanced SD/MC (Children) N. R.	07/01/04 - 09/30/04											
15A		10/01/04 - 06/30/05											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/04 - 09/30/04								63,337	63,337	280	63,616
16A		10/01/04 - 06/30/05											
17	Enhanced SD/MC (Refugees) Cost	07/01/04 - 06/30/05											
18	Enhanced SD/MC (Refugees) SMA	07/01/04 - 06/30/05											
19	Enhanced SD/MC (Refugees) P. C.	07/01/04 - 06/30/05											
20	Enhanced SD/MC (Refugees) N. R.	07/01/04 - 06/30/05											
21	Total Medi-Cal Gross Reimbursement	07/01/04 - 09/30/04							211,202	1,360,901	1,572,103	3,108	1,575,212
21A	(Excludes Refugees)	10/01/04 - 06/30/05							706,768	10,109,590	10,816,359	52,106	10,868,465
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/04 - 06/30/05											
23	Healthy Families Cost	07/01/04 - 09/30/04								4,504	4,504		4,504
23A		10/01/04 - 06/30/05							40,748	226,333	267,081		267,081
24	Healthy Families SMA	07/01/04 - 09/30/04								4,575	4,575		4,575
24A		10/01/04 - 06/30/05							40,876	229,788	270,663		270,663
25	Healthy Families P. C.	07/01/04 - 09/30/04								4,575	4,575		4,575
25A		10/01/04 - 06/30/05							40,876	229,788	270,663		270,663
26	Healthy Families N. R.	07/01/04 - 09/30/04											
26A		10/01/04 - 06/30/05											
27	Healthy Families Gross Reim.	07/01/04 - 09/30/04								4,504	4,504		4,504
27A		10/01/04 - 06/30/05							40,748	226,333	267,081		267,081
28	SD/MC + Crossover Revenue	07/01/04 - 09/30/04											
28A		10/01/04 - 06/30/05								34,076	34,076		34,076
29	Enhanced SD/MC (Children) Revenue												
30	Enhanced SD/MC (Refugees) Revenue												
31	Healthy Families Revenue												
32	Total Expenditures from MAA (Mode 55)												
33	Medi-Cal Eligibility Factor (Average)			200.00%									
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/04 - 09/30/04							211,202	1,360,901	1,572,103	3,108	1,575,212
35A		10/01/04 - 06/30/05							706,768	10,075,514	10,782,283	52,106	10,834,389
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/04 - 09/30/04								4,504	4,504		4,504
37A		10/01/04 - 06/30/05							40,748	226,333	267,081		267,081
38	Amount Negotiated Rates Exceed Costs												
38A	SD/MC (Includes Children)	07/01/04 - 09/30/04											
38A		10/01/04 - 06/30/05											
39	Enhanced SD/MC (Refugees)												
40	Healthy Families	07/01/04 - 09/30/04											
40A		10/01/04 - 06/30/05											

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT

MH 1979 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: MONTEREY COUNTY

County Code: 27

Legal Entity: MONTEREY COUNTY		A	B	C	D	E	F	G	H	I	J
Legal Entity Number: 00027		Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	50.00% FFP	50.00% FFP	Variable % FFP	75.00% FFP	Total FFP
SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement			12,443,676	12,443,676						
2	Contract Providers Medi-Cal Direct Service Gross Reimbursement		996,678	7,929,096	8,925,774						
3	Total Medi-Cal Direct Service Gross Reimbursement				21,369,450						
4	Medi-Cal Administrative Reimbursement Limit				3,205,418						
5	Medi-Cal Administration				2,795,910						
6	Medi-Cal Administrative Reimbursement				2,795,910	1,397,955					1,397,955
Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement			271,586	271,586						
7A	Contract Providers Healthy Families Direct Service Gross Reim.			51,258	51,258						
7B	Total Healthy Families Direct Service Gross Reimbursement				322,844						
8	Healthy Families Administrative Reimbursement Limit				32,284						
9	Healthy Families Administration				61,021						
10	Healthy Families Administrative Reimbursement				32,284				20,985		20,985
SD/MC Net Reimbursement for MAA											
11	Medi-Cal Admin. Activities Svc Functions 01 - 09										
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39										
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)										
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)				267,599					200,699	200,699
15	Other SD/MC Utilization Review (County Only)				26,010	13,005					13,005
16	SD/MC Net Reimbursement for Direct Services			1,575,212	1,575,212		787,606				787,606
16A				10,770,772	10,770,772			5,385,386			5,385,386
17	Enhanced SD/MC Net Reimb. (Children)										
17A				63,616	63,616				41,351		41,351
18	Enhanced SD/MC Net Reimb. (Refugees)										
19	Total SD/MC Reimbursement Before Excess FFP										7,826,002
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC										
21	Total SD/MC Reimbursement (FFP)										7,826,002
22	Contract Limitation Adjustment										
23	Adjusted Total SD/MC Reimbursement (FFP)										7,826,002
24	Healthy Families Net Reimbursement			4,504	4,504				2,928		2,928
24A				267,081	267,081				173,603		173,603
25	Total Healthy Families Reimbursement Before Excess FFP										197,515
26	Amount Negotiated Rates Exceed Costs - Healthy Families										
27	Total Healthy Families Reimbursement										197,515